

FILED FEB 24 1941

Registration District No. 11 69 Primary Registration District No. 533 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Sac Twp.
(b) City or town Arcola Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 days
years, months or days)

3. (a) PRINT FULL NAME FRANCIS EUGENE WHITE

8. (b) If veteran, _____ 8. (c) Social Security
name war. _____ No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, 0 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Jan 1 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 8 If less than one day
hr. _____ min.

9. Birthplace Arcola Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Parker White
13. Birthplace Dade Co. Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Patten
15. Birthplace Dade Co. Mo. A
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Parker White
(b) Address Arcola Mo.

17. (a) Burial (b) Date thereof Jan 8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.18. (a) Signature of funeral director G. W. Ward(b) Address Pleasant Grove Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Arcola
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles East of Arcola Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 2-4
_____, 19____, to Jan 9, 19____;
that I last saw him alive on Jan 6, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Congenital Heart DiseaseDue to (Blue Baby)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. O. Cowan (M. D. or other) _____Address _____ Date signed 1-10-41

RECEIVED

District Health Officer No. 6

District No. 241-316

Date Filed FEB 17 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2380

Registration District No. 1109

Primary Registration District No. 2333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Dade T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Francis Eugene White

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Parker White

13. Birthplace Dade Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Patton

15. Birthplace Arden Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Parker White

(b) Address Arden Mo.

17. (a) Burial (b) Date thereof Jan 9 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem

18. (a) Signature of funeral director W. Ward

(b) Address Greenfield

19. (a) Apr Mar 29 1941 (b) Alma Tollev (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Jan day 9

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Cowan (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

